

FEE TRANSMITTAL

Complete if known	
Application Number: 09/904,471	
Filing Date: July 13, 2001	
First Named Inventor: DeWitt et al, Robert, R.	
Group Art Unit: 3629	
Examiner Name: Cosimano, Edward R.	
Total Amt. of Payment: (1)+(2)+(3)=	\$810
Attorney Docket Number: 0412-P02404US0	

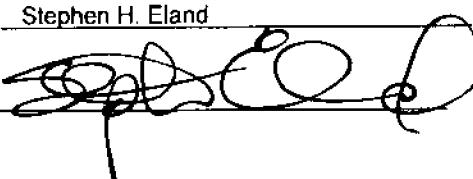
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																					
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		ADDITIONAL FEES Fee Description Fee Paid Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within month _____ Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned application _____ Petition to revive unintentionally abandoned application _____ Issue fee _____ Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) <u>RCE</u> _____ 810 SUBTOTAL (1) <u>\$0</u> SUBTOTAL (3) <u>\$810</u>																					
2. Payment enclosed: Check in the amount of <u>\$810</u>																							
FEE CALCULATION 1. FILING FEE Fee Description Fee Utility filing fee _____ Design filing fee _____ Plant filing fee _____ Reissue filing fee _____ SUBTOTAL (1) <u>\$0</u>																							
2. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Paid</th> <th style="text-align: center;">Extra</th> <th style="text-align: center;">Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">18</td> <td style="text-align: center;">-18</td> <td style="text-align: center;">= 0</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">3</td> <td style="text-align: center;">-3</td> <td style="text-align: center;">= 0</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">SUBTOTAL (2) <u>\$0</u></td> </tr> </tbody> </table>			Paid	Extra	Fee	Total Claims	18	-18	= 0	Independent Claims	3	-3	= 0	Multiple Dependent (First presentation)				SUBTOTAL (2) <u>\$0</u>					
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Independent Claims	3	-3	= 0																				
Multiple Dependent (First presentation)																							
SUBTOTAL (2) <u>\$0</u>																							

Submitted By:

Typed or

Printed Name Stephen H. Eland

Reg. Number 41,010

Signature 

Date October 31, 2007

Deposit Account User ID
04-1406